

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09782498 FILING DATE 2/13/01

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17	1		1	
18		1		1
19	1		1	
20	1		1	
21	1		1	
22	1		1	
23	1		1	1
24	1		1	
25	1		1	
26	1		1	1
27		1		1
28	1		1	
29	1		1	
30	1		1	
31	1		1	
32	1		1	
33	1		1	
34	1		1	
35	1		1	1
36	1		1	1
37				1
38				1
39				1
40				1
41				1
42				1
43				1
44				1
45				1
46				1
47				1
48				1
49				1
50				1
TOTAL IND.	4		4	
TOTAL DEP.	16	16		
TOTAL CLAIMS	20	20		

*	IND.	DEP.	*	IND.	DEP.	*
51				1		
52				1		
53						
54						
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96						
97						
98						
99						
100						
TOTAL IND.				8		
TOTAL DEP.				28		
TOTAL CLAIMS					36	